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T R A N S C R I P T
Provider Forum: COVID-19
April 3, 2020 ▪ Noon – 1 pm via WebEx

DIRECTOR ANDREW REESE (speaking)

Good afternoon everyone. Sorry that we took a few minutes to get started. WebEx is kind of having some challenges with having a whole lot more traffic than it typically does, so we had to create a new link for people to log into. So, thanks for joining us this week, I just have a couple of quick things, and then I'd like to briefly talk about the Appendix-K and provide some information some updates on that.

First of all as, you know, we have a meeting in the morning with community members, and just a couple of the issues that they raised. I just wanted to make sure that we were all on the same page. One of the questions that came up from them related to the role that people play in decision-making about activities in the home, and just sort of a reminder that, as we have this really sort of difficult and challenging time about how are we spending our time when we have this *stay at home order*, and we're in all day, you know, to make sure that the people that we support first of all understand what it's all about.

And secondly, that they're able to play an active role in making decisions in the house about what the house can do because you know, the order says, you can only go out to engage in essential functions, included in that is also going out for recreation with just the people who live in the home and ensuring that those people maintain safe, physical distance while they're doing it. But most importantly, I think is really engaging with the people in the house about how they're going to spend their time. The other issue that certainly keeps coming up, and I'm sure we'll talk more about this. And in fact, DC Health will be on the line soon. And we'll talk more about it, but regarding personal protective equipment. They'll be talking about recommendations in the home in terms of what kinds of measures are taken when someone tests positive.

And what kinds of measures need to be taken just regularly to ensure everyone's health and safety. I also would just like to remind people if there's a person who has tested COVID-19 positive, or if they've had direct personal contact with someone who has tested positive an RI should be put in if they're hospitalized then an SRI should be put in. And we will be sending out guidelines for people, so that you can enter an RI if a staff person has tested positive, or had a contact. We do I expect we have questions about this, but I also wanted to just give people an update on the Appendix K.

Appendix K currently there's one unified Appendix K for the IDD as well as the EPD waiver. The mayor's office is reviewing the Appendix K along with other Medicaid funding decisions. And so as soon as we get that back, it will be submitted to CMS. However, the effective date of the Appendix K is retroactive to March 11. And so what I wanted to share with you today,

and we'll send this out in writing afterwards, are the elements of the Appendix K. that we've either discussed with CMS and they indicated at that time that they were comfortable with them, or that we see have been approved by other states so that we make sure that people are at least making the adjustments they can as timely as possible.

So, first of all. We have been making efforts to expand the use of virtual or remote technology for services, keeping in mind that all use of virtual or remote service delivery must meet the person's level of need, be approved by the person and their support team, meet all health and safety needs and be documented in the ISP.

Let me just say we've said this, I think each week. It's been our experience that service coordinators have been very responsive. Have been getting these changes made timely. If there are any concerns with that happening timely. Please contact the service coordinators Supervisor and also feel free to contact the Deputy Director Winslow Woodland at (202) 730-1618. It does require a change to the ISP but we should be able to do that quickly, remotely just, you know, if it isn't happening like that please make Winslow aware of that so that he can help move it along. The services that are available in the waiver remotely instead of face to face would be: in-home support; companion, supported employment; supported living; periodic, behavior supports, para-professional and professional service coordination monitoring and ISP and incident management at the discretion of the IMEU supervisor or the designee. Another change is expanding our settings, where services can be provided so companion services can be provided by the residential providers should that provider be and approve companion provider? Respite services may be provided in any setting to ensure the health and safety of the participants. Day providers that are also a residential provider can use day staff to cover residential shifts if a day program is suspended as long as they ensure compliance with any labor agreements required staffing ratios for a participant as outlined in their ISP can be modified to allow the participant to receive services in a safe and accessible manner and such ratio changes must ensure that participant's needs are met and must be documented in the ISP. A service coordinator can review the current level of need and extend the advocacy of the current annual level of care for the next twelve months. The annual physical requirement can be extended by a period of 180 days if the participant is recommended not to travel to the physician's office or clinic by their physician or support team. Some changes in incident reporting the IRC in conjunction with the IMEU supervisory investigator or designee, will make a determination on the level of risk or harm to the person involved in reported incidents and whether an immediate face to face, follow-up visit is required. Face to face follow-up can be extended virtually such as utilizing Skype.

We do have two investigators who are continuing to see people personally, when that is required. The IMEU supervisor or designee, and service coordinator will review all reported incidents within 72 hours to determine whether employees who are targets of an investigation may return to work. Investigations will be reviewed by the IMEU supervisory investigator and service coordinator to determine if an extension of the timeframe for closure is required to ensure that all evidence can be gathered relative to social distancing recommendations during the public health emergency.

Regarding ISP's and service monitoring, the service coordinator will monitor services through a minimum of monthly contact by phone, or virtually such as using Skype. The annual ISP meeting can be conducted electronically and with the agreement of the participant to update and certify the expiring ISP as the new the service coordinator and consultation with the team

through phone call, or virtually may decide to extend the advocacy of the current ISP for one year for individuals with no change in support or service needs for people with service or support needs changes. The ISP will be a mandate or modified.

Regarding provider training requirements, currently approved and supported living Res Hab and Host home providers shall be considered qualified to provide companion services. Staff qualified by one agency may begin working for another agency during this emergency. There have been changes regarding training to allow people to be hired without first completing phase one and some phase three trainings.

Many of the trainings in phase one can be completed within forty-five calendar days of the end of the public health emergency. So, you know, you may be able to do them over the course of this public health emergency, or once you have forty-five additional days to do it with the exception of three, that must be completed within the first, fourteen days of a person's employment.

Which would be Incident Management Training, Introduction to Human Rights and Introduction to DD, keeping in mind that you may be hiring a lot of people who are very new to this field.

Phase two trainings, which are really training about the specific person must all be completed within fourteen calendar days of hiring and then phase three trainings, there are some adjustments here, CPR online is acceptable, but in person must be completed within forty-five calendar days of the end of the public health emergency.

All online certified staff must work directly. This is true for all the training until someone is fully trained. They have to have a person who is fully trained, working along with them.

First-aid online is acceptable in the same way. Universal precautions and infection control, online is acceptable, but the in-person training must be done once the public health emergency is over. Behavioral intervention procedures, for example, [TEXT NOT DISCERNIBLE] this cannot be done virtually and so no untrained staff can work with people who require [TEXT NOT DISCERNIBLE]. OSHA requirements for people online is acceptable, fire and safety. The same thing, HIPPA same. TME apparently requires in person training.

This is training is certified by DC Health and so that's not something we could waive. Adaptive equipment, product maintenance and recognition of prevention of an obligation to report can be done online.

And then phase four training must begin within forty-five calendar days, post emergency. You will note what I have not referenced here are any of the items that relate to payments because those are being decided by the Mayor's office right now.

And as I've said, before what we're looking at is, you know, our issues related to overtime payment. That you're making. Some people are having to use staffing agencies, special provisions for circumstances under which a special rate could be available.

And the retainer rate for day providers who are unable to continue providing services, and as soon as that is available, soon as the Appendix K is approved and submitted we will publish it. But we will send out what I just reviewed now after this meeting.

Oh, now actually, DC health has joined us today and Sharon Mebane is here and she can introduce Dr. Sharon Lewis if we can.

SHARON MEBANE (DC Health)

Introduce

Dr. LEWIS DC HEALTH (speaking)

Hi. Yes, I'm Sharon.

I am the program manager with the integrated care facilities division here and on the line is Dr. Sharon Lewis who is the Deputy Senior Director.

So, good afternoon all and first I want to start off by thanking all of our providers for the hard work that you've been doing to keep our clients safe here in the District of Columbia and I must say these are uncharted waters.

It's something new for us, but as of March 11th, as you know, our Mayor did declare a public health emergency and in response to the continued spread of COVID-19 here within the District of Columbia.

And then subsequent to that, you know, there were other orders that were issued by the Mayor such as to *stay at home*, on March 30th, but what I would like to stress, as we continue to take care of the clients within our community are a couple of things, and what I find that it's most helpful to begin with and we'll talk about some of the more concerning things that you do. First and foremost what we're finding out is that we need to make sure that all of our providers have conducted proper training for all of their staff, especially the direct care staff.

And when I make reference to training, what I'm talking about is not only your usual infection control practices, which everyone should be employing, you know your proper hand washing and a proper PPE as we know that. Sometimes it is of concern today to make sure that you have adequate numbers of PPE but also learning about this novel coronavirus.

Also known as the COVID-19, and I'm being aware of not only what the virus is all about, but the symptoms that are also displayed, if one tests potential positive for COVID-19. So with that, it falls hand in hand, with the proper screening of the staff that come in contact with our clients because I must say that I do appreciate the fact that for our group homes we have made sure that visitors have been banned for a period of time, for at least two weeks or more. So therefore, if our clients do become positive, then we have to think about how could that be? Is it from the direct care work or anyone is actually entering into the home.

So, what is very important is to do the proper screening of staff. So, I am going to say that what has been successful in many of other long term care provider types is to ask a series of questions and to also do temperature screening. But they would ask the staff that are coming in if they've traveled within the last fourteen days. And of course, if there's a yes. To that whereas that travel, then they would also ask questions.

Like, do you have, symptoms, such as a cough, a fever or shortness of breath, Have you had any flu-like symptoms in the past several weeks and then have you visited or been around anyone who has exhibited flu-like, symptoms, or have you been around anyone who you have known to be positive COVID-19. And if there's a yes to any of those questions, then one would need to stop and further examine with your administrator of your provider group.

What would be the appropriate step, whether or not that person should move forward and take care of the client or should that person be held and need further evaluation maybe from their primary care provider, or whatever you would then dictate in your provider community. Taking a temperature is also a screening measure that many of our providers have employed. Some of them have the infrared, so you can just flash the forehead or use an actual thermometer that has the proper sleeve covering and making sure that one is wiping off the areas that are not covered with a proper disinfectant or alcohol. That may be. So Once again, the training and the screening, a very important infection control practices.

I'm going to remind you that I think it was a couple of years ago, when Sharon Mebane and others did present on emergency preparedness training to our provider community, and that was in your Appendix Z Emergency Preparedness, training, for all provider types and for our facilities one of the areas that was discussed is actually being prepared for various infection types and not just the natural disasters.

So, one of the expectations with that, as it talks about influenza, Ebola and many other types of viruses in that document that everyone has in hand, as it pertains to emergency preparedness was being prepared with your PPE storage in your facility.

So, as the DC Health, does try to support as many providers in the District as we can with the PPE, we have reached out to our sister administration, our healthy emergency preparedness, especially for the providers that currently have positive clients in the home that we are not the main supporter and provider of the PPE, that is your responsibility but we will help with the PPE as we get our supply in. We do not get supply in every day. We like you, have to place our orders and we try out this to divvy out based on a priority level and that's being handled by our health emergency preparedness czar. We also have an epidemiologists which, of course, we encourage everyone to reach out to, especially if you have a suspected positive client in the home if you're beginning to see fever, dry cough. Some of those symptoms you want to reach out to your, physician that supports your provider community, but also reach out to our EPI, as they can make themselves available and provide proper guidance of next steps.

So, with that Sharon, is there anything else that we need to share with the, with the group?

SHARON MEBANE

No, but **EPI** is on the line. On the line is Emily Blake, if you have anything additional to say,

EMILY BLAKE

I guess the only thing I just wanted to add is that we have some guidance's drafted. They're in the vetting and approval processes on these guidelines are specific to group home settings. So, I just want to give everyone a heads up that there is going to be more resources that are catered to your setting available very soon and we'll work with our colleagues ...as well as on and how to make sure they're distributed to all the appropriate parties.

SHARON

And I must add that actually, if you can as a provider group to frequent our online resources here, within DC Health as far as literature and guidance because it's almost every day, every other day that we are actually providing additional information to make it available to you. And you will go on our coronavirus.dc.gov website, you will scroll over to resources and click down to HEALTH notices. And you will see that it's divided between resources for healthcare facilities as well as health notices.

So, even as recent as March 30th, is the most recent document that was placed on the website and it addresses the use of PPE at the appropriate time. So please take heed of the information that many of the staff here within DC Health have put together as a resource for, you.

SHARON

I don't have anything else at this time, Sharon, unless you can think of something else we need to share. I just wanted to let everyone know that my nurses will be contacting the ICF of the ...and administrators.

Today the ICF and the Res Hab homes, just to get a sense of the screening processes. So they should be calling you today and no later than tomorrow Thank you.

DIRECTOR ANDREW REESE

Okay, thank you very much. If there are any questions for them if you can just type them in the text box. Otherwise we can move on to the questions that we had gotten from people in advance of the meeting.

Okay, we'll get started with questions:

QUESTION

If the CDC implement the requirement to wear face masks, given how difficult it is to acquire the recommended N95 or surgical mask will DDS be able to assist providers with obtaining?

DIRECTOR ANDREW REESE

We could have deferred that question to folks from DC HEALTH, they were just with us. What we have been telling people all along is that we follow the guidance of DC health. DC Health will take into account any recommendations that come from the CDC. There has been no update as of yet regarding the use of this we sent out, as I said, in the introduction we sent out all of the current guidelines that we have from DC Health regarding the use of personal protective equipment. Importantly, the one piece of guidance is labeled *conservation of*

personal, protective equipment, those providers who do have people who have tested positive and are caring for them know how important it is that we conserve this for when we need it.

QUESTION

What is the status of provider certification reviews? And if they're on hold at the moment, will certification expiration dates be temporarily extended?

DIRECTOR ANDREW REESE

Yes, they will be temporarily extended. They are on hold right now at this time they're on hold for a month.

We appreciate not only we talked with the PCR staff about the ability to do them remotely, but as we all know, this isn't just about their ability to do them remotely, but also your ability to prepare for them. So, at this time, they're delayed until the planned end of the public health emergency for right now is the end of April.

QUESTION

We are a lifeline partnership and we serve teens and adults with developmental disabilities in the metro DC area. Generally, we do this through events that folks attend both social and spiritual. We are planning on keeping in touch with our regular folks and the wider community through regular mailings of craft activity, similar to what we would do when they come to our home events. Are there any concerns about this in terms of safety of a participant?

DIRECTR ANDREW REESE

None whatsoever. I assume perhaps the question is whether there's a concern about using the US mail and the possibility that the virus could be transmitted by someone, touching the mail and someone else picking it up. And I think we have the folks from DC health on muted. They could address this. But what we continue to repeat is the importance of washing your hands. So, if you open the mail before you touch your face, wash your hands thoroughly. And if DC Health had anything to add, please do.

QUESTION

Medicaid waiver providers who are not ICF providers are not subject to many of the federal rules in terms of employee pay and benefits in light of a pandemic. When employees must be out, due to a mandatory quarantine. How should this expense be covered? As a provider? Wouldn't we be expected to pay the employee while out on leave in addition to obtaining the replacement staff?

DIRECTOR ANDREW REESE

I expect so, I mean, our current rate does include the expectation that staff could be out for a certain number of days. And, you know, as I said, you will get some more information about

some of the issues related to paying for staff. Once the Appendix K is approved and published.

QUESTION

Given the medical requirements of hiring a new DSP are there any waivers and/or adjustment associated with this requirement? Personal care providers and not supporting standard physicals right now?

DIRECTOR ANDREW REESE

We are not aware of the ability to waive those at this time, but we are consulting with DC Health. I know they're on the phone we just asked them yesterday when we reviewed the questions. So they may not yet have an answer to that either. But, you know, we people like to show, they're free of communicable diseases before they start.

QUESTION

In the matter with obtaining background checks, individuals are sent to local businesses to acquire fingerprints. Given the numerous closures is it possible to authorize provisional work eligibility letters.

DIRECTOR ANDREW REESE

It is possible to find locations that are able to do the background checks currently.

QUESTION

Are we expected to maintain medical appointments to include quarterly where necessary lab draws?

DIRECTOR ANDREW REESE

As I indicated, and like I said, after this and we'll be sending you the Appendix K. And any medical appointments that are made. What you would need to do is reach out to the medical provider and talk with them about the possibility of delaying the medical appointment. If someone's going in for a routine medical appointment, the healthcare providers should make a decision about whether it is necessary for them to come in for that screening or not. In most cases. I think they're probably delaying it. So, if you can just put a note that it's been delayed on the advice of the medical provider, then that's all you need.

QUESTION

Will we be cited during medical reviews when these appointments are canceled for safety concerns during this pandemic?

DIRECTOR ANDREW REESE

As I said, just make a note and you should be good.

QUESTION

Will DDS be willing to reimburse for any in-home medical services when necessary.

DIRECTOR ANDREW REESE

When you have someone who needs to see a doctor, you should always call the doctor to talk with them about whether to bring the person in. One of the changes that has already occurred is real flexibility and expansion of telehealth. So, the doctor may be able to consult with the person, via Skype or some other technology that would not require the person to go into their office.

QUESTION

Do you have any guidance in terms of applying for loans grants for business operations during this crisis to assist with managing additional expenses?

DIRECTOR ANDREW REESE

I would just suggest that you refer to federal resources that are being offered. We all watch the news. We see what's been described from The Family First Act that just passed. The small business administration is managing it, but I think that it's taking them a little while to get information out because my understanding is, it has to go through your bank and most banks don't yet have that information, but that's where you need to go to get the information.

QUESTION

I think DC Health gave us a clear step by step description of what happens when folks contract COVID-19. So I won't ask this question.

DIRECTOR ANDREW REESE

I do want to respond to it, though, just to say, today I believe the coordination with DC Health and providers has been excellent. You know, there are providers that have contacted DC health. They've been on the phone with the provider with DDS, making sure that plans are made for the person and we expect that's what will continue to happen.

And as Dr. Lewis had indicated, you know, it's important to contact them when you have a suspicion of or a confirmed case of COVID-19 to contact the EPI folks, you can also call Sharon, and then Sharon will tell you, you need to call the folks. But DC Health has been very good at coordinating with us and coordinating with the providers.

QUESTION

This is a rapidly escalating emergency situation. What is DDA's communication plan used to inform the provider community of facilities that have confirmed cases of COVID-19?

DIRECTOR ANDREW REESE

So we don't share individual health information about people? And so we wouldn't be sharing publicly where people live, who have been diagnosed with COVID-19.

QUESTION

How are you helping providers obtain more PPE especially in NK95 or regular mask?

DIRECTOR ANDREW REESE

We've answered that question.

QUESTION

I would like to know how house staff or managers in supervised apartments in group homes can be asked to link Zoom to the on-site computers, so persons we see, use the therapy via Tele-therapy?

DIRECTOR ANDREW REESE

So this I believe is coming from a clinician, who's essentially, I guess, asking providers to help facilitate the availability of tele-health for people, you know, especially if it's Tele-therapy,

I think it's very important that we do everything we can to continue someone's therapy. Tele-therapy is available now and I would hope that the homes that people are in could have the technology they need to facilitate this. It's just an issue of having either an iPhone, a tablet, a computer that you can Skype through, or some other technology so that you can be able to see the person and speak to them. But we would really like to encourage people to take every advantage of continuing as many of the services that you have.

QUESTION

Our next question is about remote supports as well. How it relates to physical activities?

Many of our clients have been asking you to do personal training remotely via phone, tablet or computer. We have primarily called clients, have spoken to their families, residential providers to get them set up to be able to be trained. Can we train clients remotely if the client is interested? The recommended amount of aerobics physical activity is one hundred and fifty minutes per week due to stay at home mandates. Most of the clients. Are not getting their collectivity. Please advise on how we can proceed.

DIRECTOR ANDREW REESE

So, first of all, I want to remind people that stay at home does not mean that you can't leave the home to walk around the block to exercise to get some kind of recreation there in the neighborhood. So, people shouldn't just be sitting at home. Ideally, and in direct answer to your question. Yes, that could be available. As long as the team considers, whether remote

whether the kind of support that's provided could be provided remotely. Some of the people that we have, who get fitness, require a person to have hands on with some. And so, in those instances, of course, it possibly could not occur. But to the extent it can occur remotely then absolutely. That is something that could be done.

QUESTION

For those individuals placed on Ability One jobs, how are RSA counselors going to verify the placement due to COVID?

DIRECTOR ANDREW REESE

So there has never been a requirement that an RSA counselor, there's an assessment that's done of whether a placement is integrated and competitive. And there's never been a requirement that the counselor go to the location to confirm that they have to speak with the employer, gather information about the work that the person's doing and through that they will be able to assess whether it's an integrated setting.

CRYSTAL THOMAS

So that concludes our questions that you all submitted previously submitted We will review your questions from the chat box now.

QUESTION

As we continue to learn about this virus and the potential spread by those who are a systematic, what is plan to address the need for mask? Currently, all sides have indicated that supplies are reserved for health care workers and government agencies. We've addressed that.

DIRECTOR ANDREW REESE

So, as we've said, part of the plan that was submitted by every provider should have included what they're doing about personal protective equipment. We have referred all of our providers over to HEPRA for assistance and identifying what their needs are, and getting support when they do need mask appropriately. And once again, I want to remind people we send out the guidelines from DC Health regarding the use of personal, protective equipment. Please review it and review it with your staff.

QUESTION

When can we get those training requirements in writing?

DIRECTOR ANDREW REESE

As I said, I'll be sending them out, or we'll be sending them out.

QUESTION

Can DDS provide a list of any business entities, which you reference that are still doing criminal background checks?

DIRECTOR ANDREW REESE

We'll look into it. I may have people check with the one they typically use because I know the ones that we use there are a number of different locations that a person can go to. I don't know, for each providers what system you used for getting background checks the clearance system that we use in DC while some of the locations were not essential businesses. They also included stores and those are essential businesses, and are still in operation.

QUESTION

So, DDS pays for remote therapy occupational, physical, and speech therapy; I was told currently, it was not. What are the parameters to obtain these services and where is this documentation located?

DEPUTY DIRECTOR WINSLOW WOODLAND

So with regard to the occupational speech therapist, I know I did speak to a physical therapist and as Director Reese has stated to the extent that the person can receive these services safely and the team who typically supports the person in IFC is willing and on board with that person receiving it they absolutely can receive those services. But keep in mind, some of our people we serve. This is why we're not doing that blanketly. Some of our people have communication needs. Some of our people had specific safety concerns making remote, occupational speech and physical therapy not viable to them, so you can call me at (202) 730-1618 if you have a specific person or concern and I'll gladly walk you through that.

QUESTION

Will providers be reimbursed for the additional PPE bought?

No, I mean, at this time, I don't think that's part of, we do have, you know, included in our human care agreement for the waiver providers. There are funds available for medical supplies to the extent this becomes an issue, we can discuss it because there's also the other line for additional expenditures. Keep in mind we are doing costs reporting right now. And so people could record what all their costs are. So, that we can identify, you know, whether some of the costs that people are being paid for now, they're not going to be able to do, you know, if people are getting money for clothes, unless you're ordering them online, you're not going to be able to purchase clothes you know. There are other funds in the human care agreement that aren't being expended right now, and perhaps could go towards that.

QUESTION

How will we remain in compliance with DHCF Health regulation?

I'm not really sure.

To the extent that you should be continually supporting the person. The IFC should be followed to the letter as closely as possible. You shouldn't be responding to issues and incidents as you can we are and we mentioned in our first call, we're going to be as flexible as we can, but we can't just give up on our remediation strategies. That would be incident reporting and issue remediation. So you have a specific concern regarding the issues incident, or any other the DHCF requirement under the waiver, or the Department of Health you can call me, and I'll reach out to my partners that Health for those that are not in our purview.

But with the waiver, we're being as flexible as possible, but keep in mind we are still providing services. Billing is still occurring. Our staff are still being paid and expected to work

DIRECTOR ANDREW REESE

We do have staff on the line. If they're not muted, they may be able to respond to that.

Mary, Aisha and Amanda

QUESTION

his is Amanda. Can you all hear me? Okay so, in terms of compliance with DC, regulations, I think that, as I'll just heard from, the DDS folks that you continue to the providers continue to comply with the regulations we provide guidance. Otherwise, I know that there had been some provider bulletins and we will be continuing to post some additional things on our website. After the Appendix K is submitted. Again, the provisions in the Appendix K are essentially waivers of requirements for the duration of this emergency. So, if there is a regulation, that's not explicitly waived or suspended for the emergency providers will continue to comply.

Thanks, Amanda

AMANDA

No problem.

Sharon is still on the line, someone has asked if we can provide the phone number and the email to notify when a person is diagnosed with COVID-19. So, we can provide a phone number.

This is Dr. [TEXT NOT DISCERNIBLE] with [TEXT NOT DISCERNIBLE] and I can provide a phone number that number is (202) 557-9565. Thank you very much and of course, you should also be notifying DDS when you learn.

So just to repeat that number (202)557-9555 that's the contact number. If anyone has been diagnosed with COVID and as well to ensure you contact DDS as well.

QUESTION

You referenced the physical implications of the crisis were being reviewed by the DDS. What has been recommended? When will the providers have some clarity of what exactly will be covered and how will those calculations be reconciled for the ICF and the waiver providers? What is the plan on the financial aspects?

So, actually, what I said was, it is being reviewed in the Mayor's office communication between us in the Mayor. So, as soon as we have the approved information back from the Mayor's office, we'll make it public will be submitting DHCF will be doing a submission to CMS and we will publish it at that time. Good.

Are there any other questions? Oh, here's one.

QUESTION

Okay, well, yes, so read that question, because this is a concern.

QUESTION

Oh, can you see that finance service providers and trainers who contract for them work directly with DDS clients in person? Many in home support services are restricting personal trainers, access to their clients. Even though outdoor physical exercise is an acceptable, essential activity. If a fitness service provider or personal trainer runs into this issue, and the client is not ideal for remote training. How should the service provider or personal trainer address it?

DIRECTOR ANDREW REESE

Actually, I think that should be addressed by the team. Because the reality is the reason, I expect that a provider would be limiting the fitness person access to the person is the instruction that's been given to limit visitors to the home to limit the number of people with whom staff and the people we support are having contact. So that's why I say if it can be done remotely. That's great. If it can be done remotely, that would be wonderful.

You can carry an iPhone into the community going outside and doing the activity would be a wonderful way to engage in fitness but having additional people in the home could be a problem.

This is one of the reasons when we looked at fitness in the waiver. We've really focused on ensuring that not only is the fitness provider teaching the person something, but that they're teaching them things that they can then continue to do on their own that they're teaching them and teaching the DSP, so that hopefully through some of the work that you've already done. They could be able to go outside. Because as I said, the stay at home order doesn't mean people can't leave the home.

And so, if there are any concerns about an individual person who need services do feel free to talk with the service coordinator, their supervisor, or to give Mr. Woodland a call at (202) 730-1618.

QUESTION

Okay, this question is for DC Health, can we use a KN9 mask and Dr. Lewis is sharing? You are muted as well as EPI.

DIRECTOR ANDREW REESE

Okay. I'm just going to ask, I mean, if we don't have someone from DC Health available to answer immediately, ask people to please go back and review the documents we sent yesterday about the use of personal protective equipment that goes for that question and the next question, can staff wear masks and gloves given that people are asymptomatic. I expect that's a question about a concern that the person they support could be transmitting something to them goes both ways. And this is the reason for making sure that we're screening staff when they arrive to work each time, making sure that they're not feeling ill. That they haven't been traveling outside the country. That they don't have a fever. All of the things that Dr. Lewis reviewed. Masks and gloves in working with people who are, who are healthy, especially where you're able and should be keeping an appropriate distance, the need for those or the lack of a need for those is addressed. There may be circumstances where certain protective equipment is required based on the person that you're supporting, their needs and their abilities, but please do review the guidelines that have been provided.

The other question that came in here for DDS

DEPUTY DIRECTOR WINSLOW WOODLAND

I would like, whoever wrote that DDS has told fitness [TEXT NOT DISCERNIBLE] to call me, because that's not what we say and I'd like to know who you spoke to specifically to, (202) 730-1618. I'm in the office today. And I'll speak to you personally, on that one.

Next comment is that CDC has recommended that clothes masks may be used.

First of all, I'm not aware of any updates to the CDC recommendations, but as I have said, we're following the DC Health recommendations that will take into account guidelines provided by the CDC and the current status and the evidence in the District of Columbia.

QUESTION

Appendix-K will list specific to Tele-training with regards to wellness support, correct?

No, no, it doesn't. Because many of the [TEXT NOT DISCERNIBLE] health provision of services isn't about what's included in the waiver. It's about the individual professions ability to provide that service remotely.

DEPUTY DIRECTOR WINSLOW WOODLAND

Just consider that every service provided is not filled out specifically in any guidelines in the waiver. It is spelled out in the individual's support plan. And that's what we need.

We need assurances that person can first of all, should have that service, tell them through tele-health or remotely can be safely, provided their services and is likely to benefit from what it is.

DIRECTOR ANDREW REESE

I will say this is encouraging in some regard, at first I was thinking, wow, this is a lot of questions about fitness, but at the same time, everyone is stuck inside.

And so we really do need to be looking at how can we be helping people to get some physical activity and to get out to move around to be doing something because being inside and not doing anything isn't healthy either.

DEPUTY DIRECTOR WINSLOW WOODLAND

So, you know, to the extent people are able we should be continuing with some kind of fitness and also the in-home support providers in direct support staff should be more than capable of assisting new people with walking around the community. And I don't want to believe that we been. I'm authorizing fitness services to teach people how to walk and that's why I'm reluctant to free that up.

Because my expectation is, the fitness trainer is providing exercises and supports that are targeted to the person and shouldn't be training that person with a hands on approach watching that person do the exercise correctly or incorrectly I would not want that to be through a phone.

Yeah. I want to be clear. I'm not saying that all fitness is not appropriate for remote, but we have some very significant people that have very significant mobility challenges, communication challenges, and behavioral challenges. So that's why I want you to talk it through with me and my team and ensure that the eyes piece support that not blanketly saying no, not blanketly saying. Yes.

DIRECTOR ANDREW REESE

Okay. Thank you. Very much. Sorry we we're a little late getting started. As a reminder we have recorded this. It will be posted on our website and available for people to listen to. You can let other people know who didn't have an opportunity to attend.

We will be. I'm convening again. Next week.

The other thing that I would like to figure out is for us to have the opportunity in these calls to raise questions to which providers could provide the answers.

All of us are in uncharted territory right now I don't think anyone has dealt with this kind of an emergency in the past. And it is all of you who are on the ground learning every single day about how to deal with this. And so what I'd really like to do is figure out and we'll send something out to you over by the beginning of next week.

Once we do figure that out, how we can provide a real as we learned the first time, we can't just open up the phones and have people talk to each other technologically. That's an issue.

But what we'd like to do is have some opportunity for people to be able to ask questions and get answers from each other to share best practices that are being developed on the ground as its occurring. I know that some providers have been doing that.

And I've heard some of what providers have said that have been excellent best practices. Just a small thing that came to mind was right at the beginning of provider that mentioned that they were able to organize so that their staff would be limited in the places where they worked.

So, that we don't have the issue of a staff person going from one place to another to another. But it is all of you who have learned these kinds of things.

And so, like I say, we'll send something out early next week so that we can figure out a way to make this interactive between all of you, because certainly, we don't have the answers and you all are in the process of learning them. And my hope is it, as each of you learn you will be able to share that with each other.

So thank you. Thank you. Really, for all the work that you're doing. I also want to give a shout out.

So, this week we had a couple of really challenging cases that came to light of people that didn't fall within our scope. Typically.

And as I said, the District has a unified response on this.

So a call went out about, where we could find providers who could get support in this instance to some children whose parents were in the hospital and the children also tested positive.

And it was our provider community that has stepped up and that doesn't go unrecognized. I really see how hard you all are working to figure this out and the support that you need from us.

And we are doing everything, we can to provide the support that you're asking for. So we look forward to next week. If anyone has a good idea about how you share with each other, email it to me.

Otherwise, I'm going be expecting my folks to come up with something by Monday. Thank you.